CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD CENTRAL VALLEY REGION

SECTION 401 WATER QUALITY CERTIFICATION APPLICATION FORM

A minimum of \$640.00 processing fee is required however additional fees in accordance with Title 23 CCR § 2200 (a)(2) may also be required. Please use the fee calculator at http://www.waterboards.ca.gov/water_issues/programs/cwa401/docs/dredgefillfeecalculator.xls to determine the total fee. Please include a check payable to the **State Water Resources Control Board.** Attach additional sheets as necessary. Submit the complete form to the appropriate Regional Board office.

Agent*

Address:

Contact Name:

2. AGENT INFORMATION*

Phone No:			
hone No:			
	Phon		
ax No:	Fax N	_	
	*Compl	ete only if applicable	
PROJECT DESCRIPTION	V		
) Project Title:	•		
) Project Location:			
) i roject Location.			
County:	Section:	Township:	Range:
Latitude:	l ongitude:		
*Attach site map with "waters"	clearly indicated (e.g. LISGS	— 7 ¼ guadrangle man)	
) Project Description: (inclu			
<i>)</i> Froject Description. (<i>inclu</i>	ide purpose and imai god	<i>1)</i> .	
) Proposed Schedule: (star	rt-up duration and comp	letion dates):	
) Proposed Schedule: <i>(star</i>	rt-up, duration, and comp	letion dates):	
) Proposed Schedule: <i>(star</i>	rt-up, duration, and comp	letion dates):	
) Proposed Schedule: <i>(star</i>	rt-up, duration, and comp	letion dates):	
, ,		,	
) Proposed Schedule: <i>(star</i>) Total Project size: <i>(clearir</i>		,	
) Total Project size: <i>(clearir</i>		oction activities)	

1. APPLICANT INFORMATION

Applicant:
Contact Name:

Address:

4.	IMPAC	: I + I)	WA	IFR	BO	DIES

4. IMPACTED WATER a) Name(s) of Receiving							
b) Anticipated potentia	l stream fl	ow durina pr	oiect activ	vitv:			
c) Describe potential in	npacts to	water quality	' :				
d) Indicate in ACRES a United States to be	impacted	by any discl	narge othe	er than dred	ging, and id	lentify the	
impacts(s) as perma	anent and/	or temporary	for each	water body	type listed l	pelow:	
Water Body Ty	pe	Perman	ent Impac	ets	Temporary Impacts		
11000. 2009 19	_	(acres)	(linear		(acres)	(linear feet)	
Jurisdictional Wetland	t	(222)			(222)	(
Riparian							
Streambed un-vegeta	ated						
Lake/Reservoir							
	•		•	•			
d) Indicate type(s) of material proposed to be discharged to waters of the United States: 5. COMPENSATORY MITIGATION a) Indicate in ACRES and LINEAR FEET (where appropriate) the total quantity of waters of the United States proposed to be Created, Restored and/or Enhanced for purposes of providing Compensatory Mitigation: Water Body Type Created Restored Enhanced							
water body Type	(acres)	(linear ft)	(acres)	(linear ft)	(acres)	(linear ft)	
Jurisdictional Wetland Riparian			/				
Streambed							
Lake/Reservoir b) If contributing to a N	 /litigation c	r Conservat	l ion Bank.	Indicate the	agency, do	llar amount.	
acreage, and water Conservation Agency_	body type acres	(if applicable of	e):		(w	ater body type	

c) Other Mitigation (omit if not a	pplicable):
How many acres of this mitigation	on area qualify as waters of the United States?
d) Location of Compensatory Mi	itigation Site(s) (attach map of suitable quality and detail):
City of Area	County
Longitude/Latitude	Township/Range
C OTHER ACTIONS/DEST MA	NAGEMENT PRACTICES (BMPs)
	MPs to be implemented to Avoid and/or Minimize impacts to luding preservations of habitats, erosion control measures, ons, etc.
7. OTHER PERMITS/AGREEMI	
a) U.S. Army Corps of Engineer Indicate the type of ACOE perm Nationwide Permit No(s)	
Have you notified ACOE of proje	ect?
Have you reviewed the General	Conditions for your ACOE permit?
Have you attached a copy of the	e application/notification to ACOE?
b) California Department of Fish	and Game Lake or Streambed Alteration Agreement
Date of Application:	
Have you attached a copy of	the application?
Has the Agreement been iss	ued? if so, list Agreement number:

8. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)	
a) Indicate the type of CEQA Document required for project and Lead Agency:	
Categorical Exemption Negative Declaration Environmental Impact Report	
Has the document been certified/approved, or has a Notice of Exemption been filed?	
If yes date of approval/filing If no, expected approval/filing date:	
Lead AgencySubmit final or draft copy if available*	
b) Threatened or Endangered Species impacted by this project (list potential):	
9. PAST/FUTURE PROPOSALS BY THE APPLICANT	
Briefly list/describe any projects carried out in the last 5 years or planned for implementation in the next 5 years that are in any way related to the proposed activity or may impact the same receiving body of water. Include the estimated adverse impacts from the past or future projects.	
10. CERTIFICATION	
"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel property gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."	
Print Namo: Titlo:	

Signature:_____ Date: _____